

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046893
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 2

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fairfax		c. CITY OR TOWN Rock Port	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Fairfax Comm. Hosp		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Mar Margaret Sickler		4. DATE OF DEATH Month Dec. Day 31 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/22/1870
9. AGE (last birthday) 93		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home	
11. BIRTHPLACE (City and state or country) Atchison County (Mo.) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Joseph Wagner		13b. MOTHER'S MAIDEN NAME Anna Walter	
14. NAME OF HUSBAND OR WIFE Charles E. Sickler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Miss Gertrude Sickler; Rock Port, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 90 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rock Port, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1/63 to 12/31/63 and last saw her alive on 12/31/63 Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. [Signature] (Degree or title)		22b. ADDRESS Rock Port, Mo.	
22c. DATE SIGNED 1/2/64		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan. 2, 1964	23c. NAME OF CEMETERY OR CREMATORY Green Hill	23d. LOCATION (City, town, or county) Rock Port, Missouri
24. FUNERAL DIRECTOR Bartholomew Mortuary: Rock Port, Mo.		25. DATE RECD. BY LOCAL REG. Jan 4, 1964	
26. REGISTRAR'S SIGNATURE Marvin N. Schoeler		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by JAMES W. Schooler, Student Embalmer No. 714

working under my personal supervision.

Student

James W. Schooler
Signature of Student Embalmer

Signed

Marvin N. Schooler

Licensed Embalmer No.

4162

P. O. Address

Thairful, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.